

**Opening Statement  
Chairman Mark Souder**

**“Appalachian Ice: The Methamphetamine Epidemic  
in Western North Carolina”**

**Subcommittee on Criminal Justice, Drug Policy,  
and Human Resources  
Committee on Government Reform**

**April 11, 2006**

Good morning, and thank you all for coming. This hearing continues our Subcommittee’s work on the growing problem of methamphetamine trafficking and abuse – a problem that has ravaged communities across the entire country. I’d like to thank my fellow Subcommittee members, including our Vice-Chairman Patrick McHenry, who invited us here to his district, as well as Representative Virginia Foxx of North Carolina’s fifth district. Each of them has been a strong advocate in the House for an effective, bipartisan anti-meth strategy. I’m looking forward to working with them on new legislation for this Congress, and I hope that the information we gather at this hearing will help us achieve that goal.

Meth is one of the most powerful and dangerous drugs available, and it is also one of the easiest to make. It is perhaps best described as a “perfect storm” – a cheap, easy-to-make drug with devastating health and environmental consequences, consuming tremendous law enforcement and other public resources, that is extremely addictive and difficult to treat. If we fail to get control of it, meth will wreak havoc in our communities for generations to come.

This is actually the twelfth hearing focusing on meth held by the Subcommittee since 2001. In places as diverse as Indiana, Oregon, Hawaii and Minnesota, I have heard moving testimony about how this drug has devastated lives and families. But I have also learned about the many positive ways that communities have fought back, targeting the meth cooks and dealers, trying to get addicts into treatment, and working to educate young people about the risks of meth abuse.

At each hearing, then, we try to get a picture of the state of meth trafficking and abuse in the local area. Then, we ask three questions. First, where does the meth in the area come from, and how do we reduce the supply? Second, how do we get people into treatment, and how do we keep young people from starting meth use in the first place? And finally, how can the federal government partner with state and local agencies to deal with this problem?

The next question, that of meth supply, divides into two separate issues, because this drug comes from two major sources. The most significant source (in terms of the amount produced) comes from the so-called “superlabs,” which until recently were mainly located in California, but are now increasingly located in northern Mexico. By the end of the 1990’s these superlabs

produced over 70 percent of the nation's supply of meth, and today it is believed that 90 percent or more comes from Mexican superlabs. The superlabs are operated by large Mexican drug trafficking organizations that have used their established distribution and supply networks to transport meth throughout the country.

The second major source of meth comes from small, local labs that are generally unaffiliated with major trafficking organizations. These labs, often called "mom-and-pop" or "clan" (i.e., clandestine) labs, have proliferated throughout the country, often in rural areas. The total amount of meth actually supplied by these labs is relatively small; however, the environmental damage and health hazard they create (in the form of toxic chemical pollution and chemical fires) make them a serious problem for local communities, particularly the state and local law enforcement agencies forced to uncover and clean them up. Children are often found at meth labs, and have frequently suffered from severe health problems as a result of the hazardous chemicals used.

Since meth has no single source of supply, no single regulation will be able to control it effectively. To deal with the local meth lab problem, many states have passed various forms of retail sales restrictions on pseudoephedrine products (like cold medicines). Some states limit the number of packages a customer can buy; others have forced cold medicines behind the counter in pharmacies. Retail sales restrictions could have a major impact on the number of small labs.

However, retail sales regulations will not deal with the large-scale production of meth in Mexico. That problem will require either better control of the amount of pseudoephedrine going into Mexico or better control of drug smuggling on our Southwest border, or both. The federal government – in particular the Departments of Justice, State, and Homeland Security – will have to take the lead if we are to get results.

The next major question is demand reduction – how do we get meth addicts to stop using, and how do we get young people not to try meth in the first place? I am encouraged by the work of a number of programs at the state and local level, with assistance from the federal government, including drug court programs (which seek to get meth drug offenders into treatment programs in lieu of prison time); the Drug-Free Communities Support Program (which helps the work of community anti-drug coalitions to bring drug use prevention education to young people); and the President's Access to Recovery treatment initiative (which seeks to broaden the number of treatment providers). But we should not minimize the task ahead: this is one of the most addictive drugs, and treatment programs nationwide have not had a very good success rate with meth.

The final question we need to address is how the federal government can best partner with state and local agencies to deal with meth and its consequences. Currently, the federal government does provide a number of grants and other assistance programs to state and local agencies – in addition to the programs I mentioned earlier, the Byrne Grants and COPS Meth Hot Spots programs help fund anti-meth law enforcement task forces; the DEA and other agencies assist state and local agencies with meth lab cleanup costs; and the Safe and Drug-Free Schools program and the National Youth Anti-Drug Media Campaign help schools and other organizations provide anti-meth education.

However, we will never have enough money, at any level of government, to do everything we might want to with respect to meth. That means that Congress, and state and local policymakers, need to make some tough choices about which activities and programs to fund, and at what level. We also need to strike the appropriate balance between the needs of law enforcement and consumers, and between supply reduction and demand reduction.

Fortunately, I believe a big step forward was taken last month when Congress passed and the President signed into law the Combat Methamphetamine Epidemic Act. This comprehensive law is designed to tackle meth trafficking at every state—from precursor chemical control to international monitoring, and from environmental regulation to child protection. There was strong bipartisan cooperation. The legislation moved through Congress quickly as members got the message from the grassroots that meth doesn't respect state boundaries. We will be closely watching the implementation of this law and looking for new ways to thwart meth traffickers and help those individuals, families and communities that have been devastated by this drug.

We have an excellent group of witnesses today, who will help us make sense of these complicated issues. For our first panel, we are joined by Mr. John Emerson, Assistant Special Agent-in-Charge of the DEA's Charlotte Field Division.

On our second panel, we are joined by Mr. James "Jay" Gaither, District Attorney of the 25<sup>th</sup> Judicial District; Mr. Van Shaw, Director of the Clandestine Labs Program of the North Carolina State Bureau of Investigation; Sheriff Phillip Byers of Rutherford County; and Sheriff Gary Clark of Caldwell County. We are also joined by Ms. Lynne Vasquez, who has a painful story to tell us about how her son's involvement with meth has devastated her family.

We thank everyone for taking the time to join us today, and look forward to your testimony.